

Asbestos Application/Renewal Individual Duplicate

Toxic Substances Control Division
Asbestos Licensing Section
800/572-5548 or 512/834-6610
Fax: 512-834-6644



FOR TDH USE ONLY:
BUDGET: ZZ112
FUND: 178

REMIT #: _____

For TDH Use Only:

Received Date: _____ Init. _____ Amt. Rcvd.: _____ Late Fee: 1.5 X 2 X

Postmark Date: _____ FY: _____ Pymt Type: _____ Remit Date: _____

Rvw. Date: _____ Init. _____ Last Doc. Rcvd. Date: _____

Aprv. Date: _____ Init. _____ Print Date: _____ Init. _____

Issue Date: _____ Init. _____ Mail Date: _____ Init. _____

INSTRUCTIONS: A license is required for asbestos-related activities in accordance with 25 TAC §295.31 - §295.73. A fee of **\$20**, 1"x1" photo, current training and current physicians written statement must accompany the application. Applications will not be approved unless all required documentation is current. Complete and sign application below. Send a **cashiers check or money order** payable to the "Texas Department of Health - ZZ112-178." **LICENSE FEES ARE NON-REFUNDABLE.**

MAIL APPLICATION TO: Texas Department of Health, Asbestos Program, PO Box 141097, Austin, Texas 78714-1097.

Place
Photo
Here

Enter your current license/registration number: _____ Expiration Date: _____

Applicant Name: (First, M.I., Last) _____ Social Security # (optional) _____ Telephone Number (including area code) _____

Mailing Address (include apartment #) _____ City _____ State _____ Zip Code _____

Date of Birth: (month/day/year) _____ Place of birth _____ Mother's Maiden Name _____

Company Affiliation (if applicable) _____ Telephone Number (including area code) _____

Company Affiliation Address _____ City _____ State _____ Zip Code _____

CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any false information, or forged or fraudulent documents in order to obtain a license. All information I have provided in this application is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC §552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section to verify my identity.

Signature of Applicant _____

Date _____

Revised November 2003
Publication #F18-11668

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)